Penguins Swim Team Waiver/Authorization Packet

Swimmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release Form – Penguins Swim Team 2018

Parental Consent: This medical release form must be signed by a parent or legal guardian for EACH

swimmer of the Penguins Swim Team. If the swimmer is 18 years of age or older, the swimmer must

also sign this form. Medical Release: I certify that, to the best of my knowledge and belief, that the

above listed swimmer is in good physical condition and has no condition which would impair

participation in the program. In case of injury, I hereby give the Penguins Swim Team, it's coaching

staff, Winchester Swim Plex, and employee’s permission to act on my behalf in seeking medical

treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is

deemed necessary. I give permission to those administering medical treatment to do so using methods

deemed necessary. I absolve Penguins Swim Team, it's coaching staff, the Winchester Swim Plex and

employees, from liability while acting on my behalf in this regard:

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact if parents are not available;

Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information: Company Name & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions we should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer: We request that you or a family representative volunteer at a minimum of 4 hours during the season. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to volunteer for the Penguins Swim Team in the

following manner:

\_\_\_\_\_Timer \_\_\_\_Computer

\_\_\_\_\_Place Judge \_\_\_\_ Parties

\_\_\_\_\_Equipment \_\_\_\_ Ribbons

\_\_\_\_\_Line up kids/Bull Pen \_\_\_\_ Starter

\_\_\_\_\_Concession at home meets \_\_\_\_ Stroke/Turn Judge

Photo/Video Waiver: For valuable consideration received, I hereby grant the Penguins Swim Team,

the irrevocable and unrestricted right to use and publish photographs/videos of my child, in which my

child may be included, for advertisement purposes and any other purpose and in any manner and

medium; to alter the same without restriction; and to copyright the same. I hereby release Penguins

Swim Team from all claims and liability relating to said photographs. This waiver is for minors only.

A minor is defined as anyone who has not achieved their 18th birthday.

This waiver is effective for 1 year from the signature date and will be void only when another waiver form is received by Penguins Swim Team or the minor achieves their 18th birthday.

\_\_\_\_ I do agree to this waiver and understand my child's picture may be posted online, bulletin board

or any location.

\_\_\_\_ I do not agree to this waiver. My child's picture cannot be posted online, bulletin board, or any

location.

Team Swim Suit: Parents will be responsible for ordering your child’s suit during the appropriate time. I have had my child fitted for the team swim suit and agree the

size information is accurate. I agree to be responsible for any exchanges due to incorrect ordering on my part. \_\_\_\_\_

Authorization: I hereby give consent for my child to participate with Winchester's Penguins Summer

Swim Team and agree to the terms in this packet. In consideration of being permitted to participate as

a member for the Penguins Swim Team, I hereby release, discharge and agree to hold harmless the

Penguins Swim Team, and it's coaches, the Winchester Swim Plex, it's volunteers, it's agents and it's

employees, together with it's successors and assigns, from any and all liability for injuries to property

or person suffered as a result of participation as a member of the Penguins Swim Team.

I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to

provide transportation to, from and during any program of the Penguins Swim Team and that any

transportation provided by representatives of the Penguins Swim Team is not being provided on behalf

of Penguins Swim Team, and is strictly voluntary on the part of the person providing that

transportation. I agree to terms identified in the package.

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Parent/Guardian Signature Relationship to swimmer Date

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Signature of Party Responsible for Dues Date